

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL DISTRICT  
OF HINDS COUNTY, MISSISSIPPI

REGINA R. TERRELL  
AND ADA B. TERRELL

VS.

DME EXPRESS LLC

PLAINTIFFS

NO. 18-574

DEFENDANT

**COMPLAINT**

COME NOW the plaintiffs, Regina R. Terrell and Ada B. Terrell, by and through their attorneys, and file this their complaint against the defendant, DME Express, LLC, and for cause of action would respectfully show as follows:

1. Plaintiffs are adult resident citizens of Lincoln County residing at Bogue Chitto, Mississippi, and have been such for more than six months.

2. Defendant is a limited liability corporation organized under the laws of the State of Oklahoma whose principal office and place of business is located at 5314 South Yale Avenue, Suite 420, Suite 900, Tulsa, Oklahoma 74135. Defendant is authorized to do business in the State of Mississippi and has appointed as its registered agent C T Corporation System, 645 Lakeland East Drive, Suite 101, Flowood, Mississippi 39232, which may be served with process through the office of the Sheriff of Rankin County, Mississippi.

3. Plaintiffs would show that on October 12, 2015, at approximately 12:30 in the afternoon, Regina R. Terrell was operating her vehicle in a lawful manner along Siwell Road in Hinds County, Mississippi. Ada B. Terrell was a passenger in her car, riding in the rear seat on the driver's side.

4. Plaintiffs would show that as they were on approaching the exit ramp coming from I-55 onto Siwell Road, a van owned by the defendant and operated by its employee collided with the rear of plaintiffs' vehicle as it attempted to enter Siwell Road, causing extensive damage to plaintiffs' vehicle and resulting in bodily injuries to both plaintiffs.

5. Plaintiff's injuries required them to be transported by ambulance to a local hospital, where they were examined and treated. Both plaintiffs required prolonged medical care and treatment; they incurred medical expenses; and experienced pain and suffering.

6. The damage to plaintiffs' vehicle and the injuries resulting from the collision were the direct and proximate result of the negligence of defendant's driver, in that he failed to yield the right of way; was following too closely; and failed to keep a proper lookout for plaintiffs and other drivers along the roadway.

7. Plaintiffs are entitled to judgment against the defendant in an amount, to be determined by a jury, which will compensate them for all damages sustained as a result of defendant's negligence, including but not limited to past, present and future pain and suffering; past, present and future medical expenses.

WHEREFORE, PREMISES CONSIDERED, plaintiffs, Regina A. Terrell and Ada B. Terrell, demand judgment of and from DME Express LLC, in amount sufficient to compensate them for all damages sustained as a result of defendant's negligence, including but not limited to past, present and future pain and suffering; past, present and future medical expenses.

Plaintiffs request that the clerk issue summons to the defendant in the form and manner required by law, to be served upon its registered agent through the office of the Sheriff of Rankin County, Mississippi.

Respectfully submitted:

REGINA A. TERRELL AND  
ADA B. TERRELL, Plaintiffs

By   
Their Attorney

John H. Ott, MB 3950  
Todd B. Ott, MB 99953  
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(601)684-6155 fax (601)249-0264  
ottesq@bellsouth.net; toddbott@bellsouth.net; ottlaw1@bellsouth.net;

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Honea Law Firm PLLC  
209 Apache Drive  
McComb, Mississippi 39648  
(601)250-5687 fax (601)250-5690  
garylhona@bellsouth.net

<b>COVER SHEET</b> <b>Civil Case Filing Form</b> <i>(To be completed by Attorney/Party Prior to Filing of Pleading)</i>		Court Identification Docket # <b>ZS I CI</b> County # Judicial Court ID District (CH, CI, CO) <b>100518</b> Month Date Year This area to be completed by clerk	Case Year <b>2018</b>	Docket Number <b>S 74</b> Local Docket ID																		
Mississippi Supreme Court Administrative Office of Courts (Rev 2016)		Form AOC/01																				
		Case Number if filed prior to 1/1/94																				
In the <b>CIRCUIT</b>		Court of <b>HINDS</b>	County — <b>FIRST</b>	Judicial District																		
<b>Origin of Suit (Place an "X" in one box only)</b> <input checked="" type="checkbox"/> Initial Filing <input type="checkbox"/> Reinstated <input type="checkbox"/> Remanded <input type="checkbox"/> Reopened <input type="checkbox"/> Foreign Judgment Enrolled <input type="checkbox"/> Transfer from Other court <input type="checkbox"/> Joining Suit/Action <input type="checkbox"/> Appeal <input type="checkbox"/> Other																						
<b>Plaintiff - Party(ies) Initially Bringing Suit Should Be Entered First - Enter Additional Plaintiffs on Separate Form</b>																						
Individual <u>Terrell</u>		Regina	Maiden Name, if applicable	B M.I.																		
Last Name _____		First Name _____	Jr/Sr/III/IV																			
Check (x) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: Estate of _____																						
Check (x) if Individual Plaintiff is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity D/B/A or Agency _____																						
<b>Business</b> _____ Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated Check (x) if Business Plaintiff is filing suit in the name of an entity other than the above, and enter below: D/B/A _____																						
<b>Address of Plaintiff</b> <u>2159 London Drive, Boque Chitto, MS 39629</u> <b>Attorney (Name &amp; Address)</b> <u>Ott Law Firm, P.O. Box 1684, McComb, MS 39649</u> <b>MS Bar No.</b> <u>3950</u> Check (x) if Individual Filing-Initial Pleading is NOT an attorney																						
Signature of Individual Filing: <u>John T. Ott</u>																						
<b>Defendant - Name of Defendant- Enter Additional Defendants on Separate Form</b>																						
Individual		Last Name _____	First Name _____	Maiden Name, if applicable _____																		
Last Name _____		First Name _____	M.I. _____ Jr/Sr/III/IV																			
Check (x) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: Estate of _____																						
Check (x) if Individual Defendant is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity D/B/A or Agency _____																						
<b>Business</b> <u>DME Express LLC</u> Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated Check (x) if Business Defendant is acting in the name of an entity other than the above, and enter below: D/B/A _____																						
<b>Attorney (Name &amp; Address) - If Known</b> _____ <b>MS Bar No.</b> _____																						
Check (x) if child support is contemplated as an issue in this suit. *If checked, please submit completed Child Support Information Sheet with this Cover Sheet																						
<b>Nature of Suit (Place an "X" in one box only)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;"> <input type="checkbox"/> Domestic Relations  <input type="checkbox"/> Child Custody/Visitation  <input type="checkbox"/> Child Support  <input type="checkbox"/> Contempt  <input type="checkbox"/> Divorce:Fault  <input type="checkbox"/> Divorce: Irreconcilable Diff.  <input type="checkbox"/> Domestic Abuse  <input type="checkbox"/> Emancipation  <input type="checkbox"/> Modification  <input type="checkbox"/> Paternity  <input type="checkbox"/> Property Division  <input type="checkbox"/> Separate Maintenance  <input type="checkbox"/> Term. of Parental Rights-Chancery  <input type="checkbox"/> UIFSA (eff 7/1/97; formerly URESA)  <input type="checkbox"/> Other _____         </td> <td style="width: 25%; padding: 5px;"> <input type="checkbox"/> Business/Commercial  <input type="checkbox"/> Accounting (Business)  <input type="checkbox"/> Business Dissolution  <input type="checkbox"/> Debt Collection  <input type="checkbox"/> Employment  <input type="checkbox"/> Foreign Judgment  <input type="checkbox"/> Garnishment  <input type="checkbox"/> Replevin  <input type="checkbox"/> Other _____         </td> <td style="width: 25%; 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